

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013947

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 279 Primary Registration District No. 4533 Registrar's No. 52

STATE FILE NUMBER

FILED APR 9 1962

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mansfield		c. CITY OR TOWN McKinnley twp.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mansfield Gen. Hospital		d. STREET ADDRESS (If outside, give location) Rt. 3, Cabool	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Simual Stanfield Bittick		4. DATE OF DEATH Month 3 Day 19 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/19/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 66
11a. FATHER'S NAME Milton T. Bittick		11b. MOTHER'S MAIDEN NAME Nancy E. Sims	12. CITIZEN OF WHAT COUNTRY USA
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. NAME OF HUSBAND OR WIFE Mary C. Bittick	
15. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Caused by Acute Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
DUE TO (b) Post-Herniorrhaphy Rt. Iliac Phlebotrombosis		9 Hrs.	
DUE TO (c) Strangulated Right Direct Inguinal Hernia		28 Hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 3-18-62 to 3-19-62 and last saw him alive on 3-19-62			
Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Richard E. Mitchell (Degree or title) DO.		22a. ADDRESS Mountain Grove, Mo.	22b. DATE SIGNED 4-2-62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3/19/62	23c. NAME OF CEMETERY OR CREMATORY Mt. Ararat Cemetery	23d. LOCATION (City, town, or county) (State) Douglas County, Mo.
24. FUNERAL DIRECTOR Elliott-Gentry, ADDRESS Cabool, Mo.		25. DATE REC'D. BY LOCAL REG. 4/4/62	26. REGISTRAR'S SIGNATURE Sam R. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James L. Gentry

Licensed Embalmer No.

4718

P. O. Address

Cabool, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.